

APPLICATION FOR RESERVATION OF CORPORATE NAME

John A. Gale, Secretary of State
Room 1301 State Capitol, P.O. Box 94608
Lincoln, NE 68509
<http://www.sos.state.ne.us>

Submit in Duplicate

The undersigned hereby requests that the following name be reserved.

Name to be Reserved _____

Reservation is good for 120 days and is not renewable.

DATED _____

Signature

Printed Name/Title

Street Address

City, State, Zip

NOTE: Every filing must be signed by the chairperson of the board of directors, the president, or one of the officers of the corporation. **If the corporation has not yet been formed or directors have not yet been selected, the filing shall be signed by an incorporator.** If the corporation is in the hands of a receiver, trustee, or other court appointed fiduciary, the filing shall be signed by that fiduciary.

FILING FEE: \$30.00